

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90089 005 ***150.00

DOCUMENT # L91081

1. Corporation Name

RAVINES GOLF CORPORATION

Principal Place of Business

2932 RAVINES ROAD
MIDDLEBURG FL 32068
US

Mailing Address

2932 RAVINES ROAD
MIDDLEBURG FL 32068
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1990

4. FEI Number

59-3020951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEEFE, KENNETH M., JR
3300 BARNETT CENTER
50 N LAURA ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KONDO, RYOICHI
STREET ADDRESS 2932 RAVINES RD.
CITY-ST-ZIP MIDDLEBURG FL

TITLE AVO ☐ DELETE

NAME SADO, HIROYUKI
STREET ADDRESS 2932 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL

TITLE TD ☐ DELETE

NAME KONDO, RYOICHI
STREET ADDRESS 2932 RAVINES RD.
CITY-ST-ZIP MIDDLEBURG FL

TITLE CD ☐ DELETE

NAME KONDO, MITSUYOSHI
STREET ADDRESS 2932 RAVINES RD.
CITY-ST-ZIP MIDDLEBURG FL

TITLE VPD ☐ DELETE

NAME ARASE, SUNAO
STREET ADDRESS 2932 RAVINES RD.
CITY-ST-ZIP MIDDLEBURG FL

TITLE SD ☐ DELETE

NAME TANA, CHININ
STREET ADDRESS 2932 RAVINES RD.
CITY-ST-ZIP MIDDLEBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

904-282-2701

Daytime Phone #

002130